



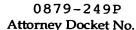
BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Image Capturing Apparatus and Automatic Exposure Control Correcting Method								
Fill in Appropriate Information - For Use Without Specification Attached:	International Appli	s filed on cation Number s filed on cation Number	-				and was		
i Kan kan ila	International Application Number								
Insert Priority	Prior Foreign Applica	tion(s)				Priority C	Llaimed		
Information: (if appropriate)	No.11-015373 (Number)	<u>Japan</u> (Country)	· · · · · · · · · · · · · · · · · · ·	<u>January</u> (Month/Day	25, 1999 y/Year Filed)	∑t Yes	□ No		
	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No		
ii ii at at ii	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No		
! 	(Number)	(Country)		(Month/Day	y/Year Filed)	☐ Yes	□ No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional Application(s): (if any)	(Application Number)		(Filing Date)		Pate)				
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number		Date of Filing (Month	n/Day/Year)			
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pe	nding, abandon	ed)		
Page 1 of 2	(Application Number)	·- 	(Filing Date)		(Status - patented, pe	nding, abandon	<u>ed)</u>		



Attorney Docket No.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Residence (City, State & Country)		CITIZENSHII						
POST OFFICE ADDRESS (Complete Street Address)	ess including City, State & Country)							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
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POST OFFICE ADDRESS (Complete Street Addr	ess including City, State & Country)							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Residence (City, State & Country)	CITIZENSHIP							
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Page 2 of 2 (Revised 11-98)

Full Name of Fifth Inventor, if any: see above

PLEASE NOTE: YOU MUST

COMPLETE THE FOLLOWING:

Address →

Full Name of Second

Inventor, if any:

see above

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|. ₫

Inventor, if any:

Full Name of Fourth Inventor, if any: see above